



UPDATED AUGUST 2005

Primary Care

Patient Education Booklet

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Welcome to the North Florida/South Georgia Veterans Health System. We are proud to serve those who served our country. It is our job to give you the best care we can, with kindness and respect.

This guide will tell you things you should know as a patient in our outpatient clinics. We hope it will be helpful to you.

Mission Statement: VHA's mission statement is: Honor America's veterans by providing exceptional health care that improves their health and well-being.

Vision Statement: To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Values: The North Florida/South Georgia Veterans Health System is a caring health care community in which people are valued, trusted, and respected. The following values guide our actions and choices in achieving excellence:

Trust ■ Respect ■ Excellence ■ Compassion ■ Commitment

Information on the Internet

Visit the North Florida/South Georgia Veterans Health System web site at <http://www.visn8.med.va.gov/nfsg> for more patient education information and general information about your System. This site also includes valuable links to other sites covering subjects such as military records, jobs, veterans' health issues, military web sites, veteran organizations and more. You are encouraged to also visit the national VA web site at <http://www.va.gov>. This site

provides information on burial and memorial benefits, appeals, education benefits, home loans, and other services offered by the Department of Veterans Affairs.



Suggestions?

If you have any suggestions for improve this publication, please call (352) 376-1611 or 1-800-324-8387, extension 6676.

The name of your provider is:

The name of your team is:



Patient Rights and Responsibilities

Veterans Health Administration (VHA) employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights.

I. Respect and Nondiscrimination

- You will be treated with dignity, compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient or long-term care resident you may wear your own clothes and keep personal items. This depends on your medical condition.
- As an inpatient or long-term care resident, you have the right to social interaction, and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff you are

asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

II. Information Disclosure and Confidentiality

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

III. Participation in Treatment Decisions

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan you have a responsibility to notify the treatment team.
- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
- You will be given, in writing, the name and professional title of the provider in charge of

your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes your participation in decision-making and care at the end of life.

- Tell your provider about your current condition, medicines (including over the counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.
- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

IV. Complaints

- You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.

JCAHO

North Florida/South Georgia Veterans Health System is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO is an independent, not-for-profit organization that sets standards by which health care quality is measured. Their mission is to continuously improve the

safety and quality of care provided to the public. Any individual may contact JCAHO to discuss quality of care or patient safety concerns by:

E-mail: Complaint@jcaho.org
Fax: Office of Quality Monitoring
(630) 792-5636
Mail: Office of Quality Monitoring
Joint Commission on Accreditation of
Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

PAIN: The Fifth Vital Sign

When you come to the VA for an exam, your health care provider will check your five "vital signs": blood pressure, pulse, temperature, respirations, and **pain**. You have the right to have your level of pain checked and to receive treatment for pain. Treatment means relieving, controlling, and managing your pain. Your provider will ask you to rate your pain on a scale from 0 to 10:

"0" = no pain

"10" = worst pain imaginable

Your provider will also ask you the following questions about your pain.

- **Where** is it?
- **When** did it start?
- **How long** has it lasted or does it last?
- **What** makes it better or worse?
- **Which** medications have you tried? Bring a list.
- Have **treatments** worked well? Yes or no - tell your story.

There are different ways to control pain. They include:

- **Home remedies** - heat, ice, elevation, rest
- **Stretching and exercise** - physical and occupational therapies
- **Medications** - the kind prescribed depends on the type and degree of pain
- **Invasive therapies** - surgery, blocks, and injections
- **Non-invasive therapies** - massage, acupuncture, biofeedback, TENS (transcutaneous electrical nerve stimulation - a device that uses electricity to block pain signals going to the brain)

Here are some safety tips to keep in mind when

being treated for pain.

- Give an accurate report of your **health history** (high blood pressure, heart problems, ulcers, kidney, and liver problems, etc.)
- Report any **side effects** to drugs (allergies, reactions)
- **Report medicines** you are now taking. This includes prescriptions, over-the-counter drugs, nutritional supplements, and herbal remedies.
- Take medicines **as prescribed**.
- **Do not drive** if you are too drowsy from your medicine.
- **When taking pain medication, check with your provider first to see if it's OK to drink alcohol or use other drugs that can make you drowsy.**

The Ethics Committee

Sometimes it is hard for a patient/family member to make a decision about medical care because of moral or ethical issues. Patients and/or family members may disagree with the medical team's plan of care for the patient. For example, a patient may want a certain drug but the health team does not feel that drug should be prescribed.

When these problems cannot be easily solved, the North Florida/South Georgia Veterans Health System Ethics Committee can be consulted.

The Ethics Committee's role is to look at ethical concerns by having the committee members talk things over with patients, family members, and the treatment team. The Ethics Committee **does not make treatment decisions**. The role of the committee is to offer assistance and guidance with ethical problems.

The Ethics Committee can be contacted through your Patient Advocate's office. A staff member can help you get in touch with your Patient Advocate.

Appointments & Waiting Time

If you have an appointment and arrive on time, our goal is have you see your health care provider as close to your appointment time as possible. We are working hard to achieve this goal.

You can help by:

- Being on time for appointments. Please report

30 minutes before your appointment.

- Calling us if you have to cancel or will be late for an appointment.
- Coming early if you need to have a blood test, X-ray, EKG or other tests done before you see your provider.
- Bringing in test results, especially if you had the tests done somewhere else. Please include written reports of X-ray, MRI, or CAT scan films.
- If you leave the clinic area, please let a nurse know.

Holidays

Appointments are not scheduled for the following federal holidays:

New Year's Day . . . January 1

Martin Luther King Day . . . third Monday in January

President's Day . . . third Monday in February

Memorial Day . . . last Monday in May

Independence Day . . . July 4

Labor Day . . . first Monday in September

Columbus Day . . . second Monday in October

Veterans Day . . . November 11

Thanksgiving . . . fourth Thursday in November

Christmas . . . December 25

Emergency services are available any time at the Gainesville and Lake City Divisions.

Things to Bring to Your Primary Care Visit

1. If it was mailed to you, the **Practitioner Talk Form**
2. If given to you on your last visit, complete and mail the **stool card** before your next visit.
3. Any **medical records, reports, labs, test results**, etc., from another facility or from your local doctor
4. All **pill bottles of medicines** you take including over-the-counter medicines, vitamins, food supplements and/or herbal remedies
5. If you have made one out, a **Living Will or Advance Directive** (forms are attached to this publication)
6. A **list of questions** you may have for your provider
7. A list of **medical problems** you have, so you will be able to tell your provider

8. Your **blood pressure or blood sugar readings**, if you have them. Also bring your **blood sugar and/or blood pressure machine** if you have one
9. Any **insurance information** you have.

VA Safety and Security

For your safety and the safety of others, please observe all VA rules. The following items are not allowed on VA grounds:

- Guns, bullets, and any other kind of weapon
- Alcohol and illegal drugs
- Pets (unless approved)
- Gambling and loans with other patients and staff

During heightened security, back packs, brief cases, grocery bags, tote bags, and cameras will be subject to search by Police Officers.

Parking - The VA is not responsible for vehicles parked on VA property, even if stolen or damaged.

Money Matters

Insurance and VA Billing

As a veteran served by the North Florida/South Georgia Veterans Health System, you may wonder why you are asked for private insurance information. This section provides answers to questions often asked about insurance and the VA.

Q. Why does the VA want my insurance information?

Congress has passed a law telling us we have to bill for non-service connected treatment. If we don't bill your insurance carrier, we are actually breaking the law. There is never a charge for treating service-connected conditions.

Q. What if I am covered by my wife's insurance?

We have to file whether the insurance is under your name, your wife's, or your guardian's.

Q. It makes me a bit uneasy giving you my insurance information. If you file a claim, how will it affect my insurance?

It won't affect your insurance *at all*. What you pay for insurance won't change. Your coverage won't change. Your insurance company expects to be charged for health care that you receive.

Q. Will I somehow be charged for this billing?

No. This will *not* cost you anything.

Q. How will filing a claim affect my eligibility?

Your eligibility for VA medical care will not be affected at all.

Q. When will I be asked for this information?

When you come for treatment. We may also give you a call at home.

Q. What information do I need to bring with me?

Most of the information we need is right on your insurance card. We will make a copy of your card each time you receive care at the VA. Also, please let us know if you have a new address or phone number.

Q. You file a claim for me and my insurance company pays the VA. Where does that money go?

This is important. All money collected goes right to your local health care system. It is a vital part of the entire operation. For example, the money is used to help set up more clinics, buy new equipment, and hire more staff to take care of your needs. Last year your North Florida/South Georgia Veterans Health System began caring for more than 10,000 new patients, so this money is certainly needed.

Q. Doesn't Congress give the VA all the money it needs to operate?

Yes, this is true for service-connected veterans. Congress expects VA to also get money from health insurance and copayments for non-service connected care.

Q. Is payment expected before getting medications or after visits?

Payment is encouraged before you pick up medication or at the end of your visit. If you are unable to make payment at that time, an account is created for you along with a payment plan. Monthly statements will be mailed listing current charges (including any interest and administrative charges), payments, and outstanding balances and should be paid in full when received. You can avoid interest and administrative charges if you make payment before the fifth day of each month.

Q. Where does the money go?

Your copayments are returned to your medical center's network to pay for programs for veterans. Every copayment you make is used to improve the service we provide to you, our customer. That's one reason Congress passed the law that requires the VA to collect insurance money for non-service related conditions. This money is part of the VA budget. We thank you for your help with filing these claims. You deserve the best care available,

and this money is vital to providing that care.

Q. If I have more questions, what should I do?

You may ask any VA clerk, or call the Business Office at (800) 324-8387, ext. 4046. If you have Internet access, you may visit the VHA Revenue Office site at <http://www.va.gov/mccr>

Veteran Copayments

As you receive care at the VA, you may have to pay a copayment. A copayment is a type of cost-sharing where you pay a set amount for a service provided to you. The VA has no choice but to charge you this fee as it is federal law. There are three basic kinds of copayment fees:

- **The Means Test Copayment** is for inpatient and outpatient treatment. The amount of the copayment changes each year.
- **The Facility Copayment** is a daily charge for hospital care and nursing home care.
- **The Medication Copayment** is a charge for each medication ordered for non-service connected. Call 1-888-489-3645 for more information.

Pharmacy Refills

You can request refills by mail, automated phone system, or in person. Your medicine refill will be sent to you by mail; you cannot pick refills up at the Pharmacy window. Please be aware that Class II narcotic drugs cannot be refilled.

Refills by mail:

Mail the refill slip back to the pharmacy as soon as

possible. By doing so, you will get your medicine refill before your medicine supply has totally run out. The pharmacy will keep the request on file and mail your refill out to you at the scheduled time.

Refills by Automated Phone System:

To order prescriptions by phone, here is all you need:

■ A touch-tone phone. If your phone has a choice of pulse or tone, be sure it is set to tone. If you do not have a touch-tone phone, please keep mailing your refill slips to the pharmacy.



- Your full 9-digit social security number.
- The prescription number for the prescription label. This RX# just above or to the right of your name as shown on the examples at the bottom of the page.

To reach the pharmacy menu:

You can use the Automated Phone System anytime – day or night. Pharmacists are available for advice Monday through Friday (except holidays) from 8:00am to 6:00pm.

- Dial (800) 349-9457 or local for Gainesville (352) 374-6196. If you get a busy signal, please try again.
- To talk to an operator - press 0 at any time during your call.

To order refills:

- Dial the number above and wait for the greeting – then enter your full 9 digit Social Security number followed by the # sign.
- Press 2 (pharmacy prescriptions) – then press 1 (to refill a prescription).

■ Enter the RX# followed by the # key (if there is a letter after your RX#, do not enter it).

■ If you have more than one refill, you can stay on the line - press 1 again - then enter the next RX#. When you are done ordering all of your refills, you can hang up.

To check on the status of a prescription:

- Dial the number above and wait for the greeting –

EXAMPLE

VAMC GAINESVILLE FL 32608-1197
573 904-800-349-9457 112001)
Rx # 45678765 MAR 13, 2001 Fill 1 of 5
Doe, John 222-99-3333
TAKE ONE TABLET EVERY DAY
DRUG NAME AND SIZE OF DOSE

TEST, DOC A.
Qty: 30 EA

OR

EXAMPLE

VAMC GAINESVILLE FL 32608-1197 (800)
Provider: Applewhite, Joseph
JOHN DOE **Rx # 45678765**
SCHEDULE FOR TAKING DRUG: TAKE ONE (1) TA
DRUG NAME AND SIZE OF DOSE
Warning:
MAY CAUSE DROWSINESS-Alcohol may intensify thi

then enter your full 9 digit Social Security number followed by the # sign.

- Press 2 (pharmacy prescriptions) – then press 2 again (check on prescriptions).
- Enter the RX# of the prescription you are checking on followed by the # key (if there is a letter after your RX#, do not enter it.

Last minute refills:

If you have no refills left and are going to run out of medication before your next appointment:

- Dial the number above and wait for the greeting – then enter your full 9 digit Social Security number followed by the # sign.
- Press 2 (pharmacy prescriptions) - then press 8 – then press 1.

To talk to a Pharmacist

(about your medications, possible side effects, drugs which should not be taken together, and more):

- Dial the number above and wait for the greeting – then enter your full 9 digit Social Security number followed by the # sign.
- Press 2 (pharmacy prescriptions) - then press 8 – then press 2.
- When asked, press the number for the pharmacy you want to reach:

Gainesville	press 1
Inverness	press 1
Leesburg	press 1
St. Augustine	press 1
The Villages	press 1
Lake City	press 2
Ocala	press 2
Jacksonville	press 3
Daytona Beach	press 4
Valdosta	press 5
Tallahassee	press 6

Pharmacists are available for advice Monday through Friday (except holidays) from 8:00am to 6:00pm.

Pharmacy Questions

Q. Why do my medicines have different names?

Many medicines have a brand name and a chemical name. Our VA pharmacy uses only the chemical name, so you will need to use this name when asking for refills.

Q. What does conversion to the VA formulary mean?

A formulary is a list of approved drugs. Most medicines

belong to a group. Medicines within each group are alike. The VA decides which ones within each group will be best for our patients. These become part of the VA formulary. Your provider will always try to prescribe the medicine you are now taking. Sometimes these medications will not be available in the VA formulary. Your provider will then suggest a change to a medicine that is available. If your medication is changed, your new prescription will work the same as your old one.

Q. What are my copays?

The usual copay on each medicine is \$7 per month. Providers often prescribe medicine for 90 days at a time (3 months), so the copay would be \$21. There is no cost for Service Connected medications or if you are not required to pay for medications.

Q. What is this medicine used for?

Sometimes the reason for the medication is written on the label. (For example: "For Infection"). Some medicines have more than one use, so the label may not state all the reasons. Always ask us questions to learn why you are taking each medicine. We want to help you.

Q. Should I tell the pharmacist or provider if I am allergic to certain medications, even those from many years ago?

Yes, it is very important to always tell us about any allergies. Your allergies can last a lifetime and may even get stronger with time.

Q. If my medicines run out before my next visit, should I call for refills or just wait until my next visit?

Many medicines must be taken every day. Do not stop taking any medicines without first checking with your provider. When some medicines are stopped all at once, you could become very sick. You need to take all your medicines as ordered by your provider.

Q. Can I change my medicines on my own?

Always talk with your provider or the pharmacist before making any change.

Prevention Is the Key to Healthy Living

Please follow these tips for healthier living:

Nutrition

- Eat less meat.
- Eat less salt.

- Eat less sugar.
- Eat five servings of fruits and vegetables a day.
- Eat six servings of grains a day.
- Use very little fats and oils.
- Know your **Body Mass Index (BMI)**. It is a way of using your height and weight to determine your risk for obesity, high blood pressure, heart disease and diabetes.
- Keep your BMI below 27.

Cholesterol

- Lowering your cholesterol can lower your risk for heart disease.
- Know your cholesterol number. If your level is high, your healthcare team can recommend changes in diet, activity, and medication.

Blood Pressure

- Have your blood pressure checked regularly (no less than every two years).
- Know if your blood pressure is high, normal, or low.

My height is: _____

My weight is: _____

My BMI is: _____

My cholesterol is: _____

My blood pressure is: _____

Exercise

Regular physical exercise is good for your mind and body!

Exercise helps:

- Improve strength and endurance
- Improve flexibility
- Strengthen bones
- Your heart and circulation
- Reduce stress and anxiety

Before starting any exercise program, talk with your doctor or nurse about what is best for you.

Safety

- **Always wear your seat belt.** In Florida it is the law!
- Insist everyone in your vehicle buckle up.
- Wear a helmet when riding bicycles and operating motorcycles.
- Obey all speed limits.
- Do not drink and drive.

Smoking

Smoking increases your risk for:

- Lung cancer
- Throat and mouth cancers
- Emphysema and bronchitis
- Heart disease
- High blood pressure
- Stroke

How do you stop?

Smoking is an addiction. Quitting is very hard for most people. Our smoking cessation classes can help you kick the habit! Ask your healthcare team for more information.

Tobacco in all forms has serious health risks!

Immunizations

Protect yourself with a:

- Tetanus shot every 10 years
- Pneumonia shot, as recommended by your provider
- Flu shot every year (pneumonia and flu shots are especially important for older veterans and everyone with diabetes, heart and lung disease, or other chronic health problems)

Sun Safety

The sunny weather in Florida and South Georgia increases your risk for getting skin cancers. To protect yourself:

- Wear a long-sleeved shirt outdoors
- Wear a wide-brimmed hat
- Don't forget your sunglasses
- Use sunscreen with an SPF of greater than 15

Cancer Screening

- If you are age 50 or older, have your stool checked yearly for blood. This can lead to early detection of colon cancer.
- Women should have a Pap smear at least once every three years to detect cervical and uterine cancers.
- A baseline mammogram (first mammogram used to compare to mammograms taken later) should be done no later than age 40. For women age 50-70, it is recommended that a mammogram be done every one to two years.
- Screening for prostate cancer is recommended for men age 50 or over. Early detection may save your life and prevent cancer-related

illnesses. Screening for prostate cancer includes a rectal examination and a blood test called PSA (prostate specific antigen). The PSA blood test has a high false positive rate. If your blood test is abnormal this doesn't mean you have prostate cancer. If the tests show that you may have prostate cancer, you will be referred to a specialist for a prostate biopsy to confirm the diagnosis. The specialist will also talk with you about risks and treatment options. If you have any questions about prostate screening please consult with your provider and or nurse.

Alcohol

Alcohol can affect your health!

Too much alcohol in any form (beer, wine, or hard liquor) may cause problems like liver disease.

Pregnant women should not drink during pregnancy.

Answer the following questions:

- Have you ever felt you should cut down on your drinking?
- Have people ever annoyed you by criticizing your drinking?
- Have you ever felt guilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

If you answered "Yes" to two or more these questions, please talk with your doctor or nurse.

Fall Safety

A simple fall can change your life. Just ask any of the thousands of older men and women who fall each year and break (sometimes called fracture) a bone.

Getting older can bring lots of changes. Sight, hearing, muscle strength, coordination and reflexes aren't what they once were. Balance can be affected by diabetes and heart disease, or by problems with your circulation, thyroid or nervous system. Some medicines can cause dizziness. Any of these things can make a fall more likely.

You can help prevent falls by making changes to unsafe areas in your home.

In stairways, hallways, and pathways:

- Make sure there is good lighting with light switches at the top and bottom of the stairs.
- Keep areas where you walk tidy.
- Check that all carpets are fixed firmly to the floor so they won't slip. Put nonslip strips on tile

and wooden floors. You can buy these strips at the hardware store.

- Have handrails on both sides of all stairs from top to bottom and be sure they're tightly fastened.

In bathrooms and powder rooms

- Mount grab bars near toilets and on both the inside and outside of your tub and shower.
- Place nonskid mats, strips, or carpet on all surfaces that may get wet.
- Keep night lights on.

In your bedroom:

- Put night lights and light switches close to your bed.
- Keep your telephone near your bed.

In other living areas:

- Keep electric cords and telephone wires near walls and away from walking paths.
- Tack down all carpets and area rugs firmly to the floor.
- Arrange your furniture (especially low coffee tables) and other objects so they are not in your way when you walk.
- Make sure your sofas and chairs are a good height for you, so that you can get into and out of them easily.

Release of Information

Veterans interested in receiving copies of their medical records should visit the Release of Information office – room EB29-1 in Gainesville (extension 5190) and room CB9 in Lake City (extension 2504). You can also ask that copies of your record be sent to third parties (such as family members). Your request should always include: your signature; the date of your request; specific information you would like to receive (dates of treatment, type of document); purpose for which this information will be used; date of expiration; and to whom the information is to be released.

If you would like copies of your records located at other VA facilities, please request them from that facility.

All patients are entitled to one free copy of their medical record. After the free copy, a \$.15 charge applies to every page after the first 100 pages.

Patients have the right to request an amendment to

RELEASE continued on page 11

Helpful Phone Numbers

CLINIC PHONE

Daytona VA Clinic (386) 323-7500 or
 551 National Health Care Drive (800) 953-6838
 Daytona Beach, FL 32114 FAX (386) 323-7593
 Eligibility 30161/30175
 Blue Team 43104 FAX (386) 323-7503
 Gold Team 43165 FAX (386) 323-7582
 Green Team 43163 FAX (386) 323-7593
 Medical Records/Release of Information 30110
 Mental Health Clinic 30092/30094
 Pharmacy 30096
 Physical Therapy 30152
 Prosthetics 30074
 Specialty 30114/30115

Gainesville VA Clinic (352) 376-1611 or
 1601 SW Archer Road (800) 324-8387
 Gainesville, FL 32608 FAX (352) 374-6113
 Billing 4046
 Derm/Rheum Office 7495
 Eligibility 6816/6726
 Doctor Assignment 7332
 ENT/Plastic Clinic 4072
 Eye Clinic 6214/5215
 Mental Health 6074
 Optical Dispensary 2020
 Patient Advocate 6019
 Patient Travel 4078
 Pharmacy 6105
 Release of Information 6046
 Scheduling 6173
 Telcare (352) 379-4142 or (800) 988-5641

Inverness VA Clinic
 401 Central Ave. (352) 637-3500
 Inverness, FL 34453 FAX (352) 637-6810

Jacksonville VA Clinic
 Methodist Professional Building (904) 232-2751 or
 1833 Boulevard (877) 870-5048
 Jacksonville, FL 32206 FAX (904) 232-3881
 Blue Team 2000
 Eligibility 3010/3004
 Mental Health 1000
 Physical Therapy 3002
 Prosthetics 4000
 Red Team 2001
 Release of Information 3003
 Social Services 3001
 Specialty Services 3048

State VA 3005/3004
 Travel 3010

Lake City VA Clinic (386) 755-3016 or
 619 S. Marion Avenue (800) 308-8387
 Lake City, FL 32025 FAX (386) 758-3209
 Telcare 3400
 Scheduling 2465
 Doctor Assignment 2893
 Means Test 3270
 Women's Clinic 2417
 Release of Information 2504
 Patient Travel 2061
 Patient Advocate 2952
 Eye Clinic 2248
 Eligibility 2059
 Billing/Co-Pay 2500
 Phone Advice (Telecare) 2805
 Credit Union 2596

Leesburg VA Clinic
 711 West Main Street (352) 435-4000
 Leesburg, FL 34748 FAX (352) 435-4015

Ocala VA Clinic
 1515 E. Silver Springs Blvd.
 Suite 226 (Cascades Complex) (352) 369-3320
 Ocala, FL 34470 FAX (352) 369-3324

St. Augustine VA Clinic
 1955 US 1 South, Suite 200 (904) 829-0814
 St. Augustine, FL 32086 FAX (904) 829-6174

Tallahassee VA Clinic (850) 878-0191 or
 1607 St. James Court (800) 541-8387
 Tallahassee, FL 32308 FAX (850) 878-8900
 Release of Information 2088
 Mental Health 2152
 Scheduling 2068/2069/2004
 Audiology/Optometry 2086
 Patient Travel 2081
 Eligibility 2163
 Insurance/Billing 2084
Please note Clinical Hours listed on the next page

The Villages VA Clinic
 Laurel Lake Professional Park
 1950 Laurel Manor Drive Bldg. 240 (352) 205-8900
 The Villages, FL 32162 FAX (352) 205-8901

Valdosta VA Clinic
 2841 North Patterson Street (229) 293-0132
 Valdosta, GA 31602 FAX (229) 293-0162

Clinic Hours

The Outpatient Clinics operate Monday through Friday from 8:00am to 4:00pm (Tallahassee until 4:30). For any life threatening medical emergencies, call 911. There is no ON-CALL or after clinic hours coverage by the clinic providers. For medical advice or medical information, you may call our after hours telephone care phone line: 1-877-741-3400. If you need care after 4:30pm, during a weekend, or a holiday, the following options are available:

- Call your local non-VA doctor
- Go to your local hospital Emergency room
- Go to the Gainesville or Lake City VA Emergency room

RELEASE *continued from page 9*

the medical record if there is disagreement with information documented in the record. The patient must request this in writing, identifying the information that is believed to be wrong, and why it should be corrected.

Patient Privacy

As a result of the Health Insurance Portability & Accountability Act (HIPAA), the VA has recently changed its policy about patient health information. This policy has to do with:

- How your health information may be used and shared with others.
- Your rights about your health information.
- The VA's legal duty to protect your privacy.

When you get admitted to the VA as an inpatient, you will be asked if you want your health information to be listed in the "facility directory."

If you choose not to be listed in the facility directory, this is also called "Directory Opt-Out":

- We cannot let anyone know you are a patient here.
- We cannot give out any of your health Information. This means we will not be able to give out your name, location, and general health condition to any callers or visitors. This includes family, friends, clergy that are not members of the VA staff, and businesses (for delivery of flowers and cards, for example).

If you cannot make this decision because of health problems, a health care provider will

make the choice for you. The decision will be based on your past wishes and what is in your best interest.

It is important you understand your patient rights. The VA has a responsibility to protect your privacy – including your health information. If you have any questions about these rights, please call:

NF/SG VHS VA Privacy Officer

James White, 1-800-324-8387 ext. 4019

NF/SG VHS VA Compliance Officer

Rodine Durgin, 1-800-324-8387 ext. 5736

<http://www.va.gov/north-florida/>

Patient Satisfaction

We are always trying to improve and need your comments to help us. If you have suggestions, concerns or problems, please take time to let us know how you feel about your care. Be on the lookout for "We're Listening to You" posters and publication distributed throughout the facilities of the NFSGVH System. They show our survey, the questions asked and the answers that you have given. We feel the survey has

worked very well and we are hopeful that you will see the improved results as you associate with our staff.



Please Consider Volunteering

BENEFITS

Awards / CPR Certification / Flu Vaccine and more

REWARDS

Make New Friends / Learn New Skills / Sense of Accomplishment

OPPORTUNITIES

Available in numerous services as well as VA outpatient clinics in Jacksonville, Daytona, Ocala, Tallahassee, Vadosta, St. Augustine, The Villages, Leesburg and Inverness

Contribute to our very important mission of providing compassionate, quality care for our nation's veterans!

Gainesville 1-800-324-8387 ext. 6068 or Lake City 800-308-8387 ext. 2135

Make a World of Difference

Flu Shots Reminder

Each year in our country about 20,000 people die and 110,000 are hospitalized due to the flu. Especially at risk are people over the age of 50. Also at a high level of risk are individuals that have medical problems such as lung disease, heart disease, diabetes, kidney disease, a weak immune system, are HIV positive, or women who will be in the second or third trimester of their pregnancies during the flu season. Each year flu shots are offered, free of charge, to all veterans. These shots are usually given in the fall. Protect yourself – please ask a staff member about getting your flu shot every year.

NOTICE TO HEALTHCARE PROVIDERS

YOUR NAME: _____ PHONE () _____

ADDRESS: _____

I, _____, have executed a () Living Will () Durable Power of Attorney for Health Care and have given a copy of such document(s) to:

Name: _____ Phone: () _____

Address: _____

Name: _____ Phone: () _____

Address: _____

SIGNED: _____ DATED: _____

Health Care for Homeless Veterans

HCHV serves vets in a community setting who do not have a permanent place to stay & who have medical & psychological needs. HCHV tries to improve the care of homeless vets by assisting them to get treatment in the VA or with community agencies.

Gainesville Office (our main office):

1002 NW 23rd Ave.
Gainesville, FL 32609
352-379-7461 or 800-324-8387, ext 7461

Daytona Office:

Daytona Beach Outpatient Clinic
551 National Healthcare Drive
Daytona Beach, FL 32114
386-323-7500, ext 30090 or 800-953-6838, ext 30090

Jacksonville Office:

Jacksonville Outpatient Clinic
2748 University Blvd., W.
Suite #101
Jacksonville, FL 32217
904-739-1872

Tallahassee Office:

Tallahassee Outpatient Clinic
1607 Saint James Court
Tallahassee, FL 32308
850-878-0191, ext 2023 or 800-541-8387, ext 2023

My HealtheVet

My HealtheVet is a web-based application designed specifically for veterans and their families. It will help veterans work better with healthcare providers to achieve the best possible health.

Check it out at

<http://www.myhealth.va.gov/>

My HealtheVet provides one-stop shopping for VA benefits, health information and services as well as health assessment tools.

SMOKING POLICY

VA facilities are smoke free. If you or your visitors must smoke, please smoke in designated areas only.

Care Partners

You are encouraged and expected to seek help from your treatment team and/or a CARE Partner if you have problems or complaints. CARE Partners are specially trained employees located in every hospital, outpatient clinic and communitybased outpatient clinic in our North Florida/South Georgia healthcare system who will work with you in addressing your complaint or problem. They, as well as the treatment team, will give you understandable information about the complaint process available to you. You may complain verbally or in writing without fear of retaliation.

Advance Directives

Q. What is an Advance Directive?

An Advance Directive is a legal form you fill out and sign that lets us know your health care wishes when you cannot speak for yourself. It's your right to accept or refuse medical care when you are very ill. When you are very ill we need to know what you have decided about such things as:

- Being brought back to life if your heart or breathing stops.
- Having a machine breathe for you.
- Being fed through a tube if you can't eat.
- Getting blood transfusions, antibiotics, fluids through your veins, or getting other medicines.

Q. What are examples of Advance Directives?

There are two types of Advance Directives:

1. Living Will

A Living Will spells out in writing your wishes for your health care should you become very ill and unable to speak for yourself.

2. Designation of Durable Power of Attorney for Health Care

A Designation of Durable Power of Attorney for Health Care lets you name a person to make decisions for you, if you become unable to do so yourself.

Consider an Advance Directive in your health care planning.

- Know your rights.
- Plan ahead.
- Fill out and go over your Advance Directive carefully.

- Talk about your wishes with your family and doctor.
- Express your wishes clearly.

If you need help in making an Advance Directive or would like to know more, let one of the health care staff know. People are available to help you.

Feel free to fill in, cut out and carry your "Notice to Healthcare Providers" (page 12).

Ask Me 3

Good Questions for Your Good Health

Ask Me 3 is an educational program provided by the Partnership for Clear Health Communication — a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on health outcomes.

During my next visit, I will Ask 3 questions that will help me understand my health.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my doctor again.

When I Ask 3, I am prepared. I know what to do for my health.

Tips for Clear Health Communication

Check off the ones you will try:

- ☐ I will ask the 3 questions.
- ☐ I will bring a friend or family member to help me at my doctor visit.
- ☐ I will make a list of my health concerns to tell my doctor.
- ☐ I will bring all my medicines when I visit my doctor as an outpatient.
- ☐ I will ask my pharmacist for help when I have questions about my medicines.

Your doctor, nurse and pharmacist want you to get the information you need to care for your health.

DEPARTMENT OF VETERANS AFFAIRS

**VA ADVANCE DIRECTIVE:
Living Will and Durable Power of Attorney for Health Care**

This form is a tool to document or capture a patient's wishes regarding a designated health care agent and their future treatment preferences. This form is a tool, not an end in itself. The form does not substitute for comprehensive dialogue with the patient. It is expected that the health care professional assisting the patient will bring up for discussion other possible end stage scenarios, as appropriate. Supplemental pages may be appended as necessary.

I, _____ write this document as a directive
(*print or type patient's name and social security number*)
regarding my health care. I have put my initials by the choices I want.

Part I. – Durable Power of Attorney for Health Care (DPAHC)

<i>initials</i>	I appoint this person to make decisions about my health care if there ever comes a time when I cannot make those decisions myself.
-----------------	--

Name

Street Address

City, State and ZIP Code

Work Telephone Number with Area Code

Home Telephone Number with Area Code

If the person above cannot or will not make decisions for me, I appoint this person:

Name

Street Address

City, State and ZIP Code

Work Telephone Number with Area Code

Home Telephone Number with Area Code

<i>initials</i>	I have notified the individuals listed above of my decision.
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<i>initials</i>	I have not appointed anyone to make health care decisions for me in this or any other documents.
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Part II. - Living Will

These are my, _____ wishes for my
(print or type patient's name and social security number)

future health care if there ever comes a time when I can't make these decisions for myself. I want the person I have appointed as my Health care Agent (HCA), my doctors, my family and others to be guided by the decisions I have made below.

A. Life-Sustaining Treatments

initials

If I should have an incurable or irreversible condition that will cause my death, or am in a state of permanent unconsciousness from which, to a reasonable degree of medical certainty there can be no recovery, it is my desire that my life not be artificially prolonged by administration of "life-sustaining" procedures. If, at that time, I am unable to participate in decisions regarding my medical treatment, I direct my physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

B. Treatment Preferences/Other Directions	
--	--

initials

You have the right to be involved in all decisions about your health care. If you have wishes not covered in other parts of this document, please indicate them here. Treatments or situations you may wish to consider include, but are not limited to: Transfusion, dialysis, CPR, artificial nutrition and hydration, mechanical breathing, pain medications, antibiotics, and a time-limited trial of a given therapy.

PART III. - Signatures

A. Your signature - By my signature below I show that I understand the purpose and the effect of this document.

Signature	Social Security Number	Date
Name (Printed or Typed)		
Street Address		
City, State and ZIP Code		

B. Your Witnesses' Signatures

I am not, to the best of my knowledge, named in the person's will.

I am not the person appointed as Health Care Agent (HCA) in this advance directive.

I am not a health care provider (or an employee of the health care provider), or financially responsible, now or in the past, for the care of the person making this advance directive. *(Exception: where other witnesses are not reasonably available, employees of the Chaplain Service, Psychology Service, Social Work Service, or nonclinical employees such as Voluntary Service or Environmental Management Service may serve as witnesses.)*

Witness #1: I personally witnessed the signing of this advance directive.

Signature	Date
Name (Printed or Typed)	
Street Address	
City, State and ZIP Code	

Witness #2: I personally witnessed the signing of this advance directive.

Signature	Date
Name (Printed or Typed)	
Street Address	
City, State and ZIP Code	